LIFETIME ACHIEVEMENT

Every Successful Person Has a Story to Tell.
Here is the life story of Prof Bharat Dalvi in his own words…

I was born in a family of modest means, my father an accountant, and my mother a homemaker who maintained a tight ship and scholastic whip! While in school, I played in cricket leagues for Harris and Giles shields. It was a passion and promising career that was nixed by the then societal pressures for academic pursuit.

I studied medicine at the prestigious Seth GS Medical College & King Edward VII Memorial Hospital in Mumbai. The Seth G S Medical college has a place in the history of our nation, being established in pre-independence India to develop a medical cadre and employ Indian doctors. The early years at medical school were some of my finest. We had a great mix of students, with some amazing talent outside of medicine viz. an Olympic marathoner, part-time playwright, stage actors, singers, newspaper columnists, karate blackbelts, quiz-whizzes and so on. Although, I was good in "None of the Above", just rubbing shoulders with them was inspiring. I represented my college in Cricket, Volleyball and Bridge. I was an opening batsman and wicket keeper of modest repute. I do believe that somewhere, team sports have a bearing on one's abilities of working with a team in the Cath lab, ICU or otherwise!

On the academic front, I was an averagely good student. Despite a burning desire to be at the top, I never managed to get that honor. After completing my bachelor's degree, I went on to postgraduation in Internal Medicine followed by DM (fellowship) in Cardiology. *In an era when, division chiefs were academic 'mafiosos' and "always right"* ***I was lucky to work under the guidance of Professors with intellectual honesty who also nurtured academic dissidence and tolerated my ability of asking sticky questions and raising controversies!***

During my Cardiology residency, I led the local unit of the Maharashtra Association of Resident Doctors and participated in agitations for better quality patient care and education. During these union activities, I learnt two things: I had some leadership qualities and that I was able to convince people if I was myself convinced about a cause.

How did I decide to pursue Pediatric Cardiology? I am an adult Cardiologist by training and a *Pediatric Cardiologist by fortuitous circumstance*. My interest was kindled by a Professor of Cardiac Pathology, (late) Dr Suman Kinare, who was trained by Drs Maurice Lev and Richard Van Praagh. She held a Cardiac Pathology class, demonstrating on specimens of dissected hearts. She

had a collection for every chosen defect, its variants and subtypes. *She often lamented on the dismal outcomes of these children and urged me to train in the field.*



At a time when coronary angioplasty was the exciting and smart field to be in, Pediatric Cardiology was considered a professional suicide!! But ***I am a contrarian by nature and spurred by challenges, which is how I am here*****.**

To train in Pediatric Cardiology, I decided to take a sabbatical for a couple of years. I was selected as the ECFMG International Medical Scholar for 1993, to the Children's Hospital in Boston under the guidance of Dr Steve Sanders. In 1994, the Dr P N Berry Scholarship took me to the Hospital for Sick Children, Great Ormond Street, London for a period of 1 year. Later in 1997, I was awarded Cleveland Clinic's International Medical Scholarship and the Fulbright Scholarship and spent a few months at the Cleveland Clinic with Dr Larry Latson. These stints opened my mind to what excellence means and provided the confidence that I could achieve much more than I imagined. I was then, an Associate Professor of Cardiology at the Seth G S Medical College and KEM Hospital and thus returned to establish a Division of Pediatric Cardiology at these institutions; standardizing diagnostic and therapeutic procedures. I also travelled the length and breadth of the country, giving lectures to increase awareness among pediatricians, general practitioners and fellow cardiologists about the feasibility, safety and efficacy of transcatheter interventions in congenital heart defects. Over time we were able to innovate, adapt and make interventions cost-effective in a resource-restricted setting without compromising on safety.

I must admit that I have no formal training in transcatheter interventions and have learnt on the job and by observing and interacting with some of the greats in our field during my visits to various centres, conferences and live workshops in India and abroad.

In 1998, due to various personal and professional reasons, I had to leave my teaching assignments and enter the world of private practice. However, I continued with my interest in clinical research and teaching, maintained my own patients' database and regularly presented and published my findings. In 2003, I invented the balloon assisted technique to close large ASDs in adults and later in children. I published my initial experience with this technique in CCVI in 2004 and presented at the PICS 2005 in Buenos Aires. This was a turning point in my academic life that opened up opportunities, to present my experience and to demonstrate this and a few other techniques, on a wider platform.

In 1997, with a handful of colleagues we started the ***Pediatric Cardiac Society of India (PCSI);*** and I was fortunate to serve as its President from 2007-2008. During my tenure I undertook, along with Dr Krishna Kumar, to start a journal for our Society, ***the Annals of Pediatric Cardiology***, as Founder-Editor (2008-2010)

Since 2010 I have had the chance to be regular faculty at various International meetings such as PICS, CSI-Frankfurt, CSI-AP, TCTAP, A to Z in Vietnam, CASPIAN. APCASH, APCIS and many others. As a Course Director in some of them, I could help drive the scientific agenda for Asia and LMICs. In 2021, I was appointed to the Board of directors of PICS Society, wherein I have been able to collaborate with various National and regional Pediatric Cardiac Interventional Societies and assume a leadership role in the Society's Humanitarian efforts towards providing training and patient care in LMICs.

I have also been working on newer devices and delivery sheaths and have managed to patent a PDA device and large bore, long delivery sheath to deliver stents and valves in the right ventricular outflow tract and the pulmonary arteries. The latter is awaiting a regulatory approval in India for human use.

Based on my contributions to the field of Pediatric Cardiac Interventions, I was awarded the ***PICS Society's Achievement Award*** for the year 2021 and subsequently the ***CSI Foundation's Lifetime achievement Award*** for 2022. I consider these to be my highest professional achievements, as acknowledgement and recognition of my work by my peers. Being inducted in the same hall of fame as many of my heroes and superheroes is truly a great feeling.

I have often been asked whether I would like to retire and when. As of now, I have no plans to retire from this fascinating field, but I would change my lane, focusing more on teaching, mentoring and guiding research. It has been a long and exciting journey, from the days of purely clinical medicine to a high-tech world and now the magic of artificial intelligence and even more exciting avenues to come.



Lessons learnt along the way

1. **It is good to nurture a burning desire to succeed**
2. **Opportunities to learn are ubiquitous, provided you keep your eyes, ears and mind open**
3. **Love to hate "Status quo" which is a sure recipe for idling your brain**
4. **Always have a few research ideas to work on – that helps in directing and focussing your mental energy rather than it wandering aimlessly**
5. **Asking a smart question is not easy – Finding a smarter answer to an already answered question is relatively simple**
6. **Lose the fear of failure. It is better to try and fail rather than not try at all**
7. **You cannot progress in science without breaking rules**
8. **Learn from your mistakes and learn from others mistakes as well because you will not live long enough to do them all**